

**APPLICATION FOR REAL ESTATE TAX RELIEF
FOR PERSONS AGE SIXTY-FIVE OR OLDER
OR TOTALLY DISABLED**

As provided by City of Norfolk Ordinance No. 26,967

CITY OF NORFOLK

INSTRUCTIONS TO APPLICANT

The information required on the application must be filled out in its entirety and returned to **Sharon M. McDonald, Commissioner of the Revenue, P. O. Box 2260, Norfolk, VA 23501-2260**. Applications must be filed no later than **June 1st** of the taxable year. The exemption is granted on an Annual Basis and a new application must be filed each year. All information on the application is confidential and not open to public inspection. A federal **OR** state income tax return should be attached to the application **OR PROOF OF INCOME MUST BE PROVIDED**. For additional information please call **441-1502**.

FOR OFFICE USE ONLY

☐ Age 65 or Older ☐ Disabled Account Number(s) _____

Please Print

Name(s) as appears on Tax Bill _____
Last First MI Spouse/Co-Owner

Name of Applicant _____ Birth Date _____

Social Security Number _____
Owner Spouse/Co-Owner

Residence Address _____
Number Street Zip Code + Four

Phone Number _____ Legal Description Lot(s) _____ Block _____

1. Is the applicant the: ☐ Owner ☐ Partial Owner?
If partial, explain degree of ownership _____

2. Is the Owner the sole occupant of the Residence? ☐ Yes ☐ No

3. List the names of all related persons occupying the above residence.
Name Relationship _____

4. Do the property owners own any other Real Estate? ☐ Yes ☐ No
If so, list location _____

5. Did the owners file a Federal or State Income Tax Return? ☐ Yes ☐ No
(If yes, please furnish copy of Federal form)

6. Is any part of the residence leased or rented to other persons? ☐ Yes ☐ No

PLEASE COMPLETE REVERSE SIDE OF PAGE

Total income (gross) of the owner(s) and all relatives living on the property, from All Sources as of **December 31, _____**.

MONEY FROM	PERSON RECEIVING	ANNUAL INCOME
Social Security	Property Owner	\$
Social Security	Spouse/Co-Owner	
Retirement Pension	Property Owner	
Retirement Pension	Spouse/Co-Owner	
Rent from Roomers/Tenants	Property Owner(s)	
Interest from Bank Accounts	Property Owner(s)	
Dividends from Stocks & Bonds	Property Owner(s)	
Part- or Full-Time Work	Property Owner(s)	
Other Income (specify)	Property Owner(s)	
Income of Related Persons	Relatives Living on Property	
	SUBTOTAL	
Supplemental Health Insurance	Enter Premium Amount	-
	Total Income	
<u>FOR OFFICE USE ONLY</u>		Disability -
		TOTAL
EXEMPTION PERCENTAGE		

Total combined financial worth of owner(s) and all relatives living on the property as of **December 31, _____**.
(DO NO INCLUDE THE PROPERTY YOU ARE LIVING ON.)

Checking Accounts	\$ _____	Motor Vehicles	\$ _____
Savings Accts & IRAs	\$ _____	Boats & Trailers	\$ _____
Stocks, Bonds & Trusts	\$ _____	Other Real Estate	\$ _____
	Certificates of Deposit & Money Market Funds		\$ _____
<u>TOTAL COMBINED NET FINANCIAL WORTH</u>			<u>\$ _____</u>

AFFIDAVIT

I, _____ of legal age, swear on my oath the foregoing statements are true and accurate to the best of my knowledge and belief, and I understand that any factors occurring during the taxable year for which this affidavit is filed that have the effect of exceeding or violating the limitations and conditions provided the ordinance shall nullify any exemption for the current taxable year and the taxable year immediately following. Any person or persons who shall falsely claim an exemption or shall give information on which an exemption is based shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$ 1,000.00 or confinement in jail not exceeding twelve months, or both such fine and imprisonment.

Signature _____

If this application is signed other than in the presence of a Deputy Commissioner of the Revenue, your signature must be notarized.

STATE OF VIRGINIA

CITY OF NORFOLK, to wit: Personally appeared before me in my county and state aforesaid _____ who being first duly sworn by me acknowledged the signature to the foregoing affidavit to be his or her own and stated that on information and belief the said statements are true and correct. Given under my hand this _____ day of _____, _____.

Notary Public _____ My Commission expires _____